

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		5/7/99
O.I.P.E. CLASSIFIER		10	5-14-99
FORMALITY REVIEW	YMD	108531	5/19/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 II ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	5/11/2000
2	✓	✓	5/11/2000
3	✓	✓	5/11/2000
4	✓	✓	5/11/2000
5	✓	✓	5/11/2000
6	✓	✓	5/11/2000
7	✓	✓	5/11/2000
8	✓	✓	5/11/2000
9	✓	✓	5/11/2000
10	✓	✓	5/11/2000
11	✓	✓	5/11/2000
12	✓	✓	5/11/2000
13	✓	✓	5/11/2000
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If more than 150 claims or 10 actions  
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